



2881

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Mail Stop **Non-Fee Amendment**

Application Number	10/087,372
Filing Date	March 1, 2002
First Named Inventor	Richard N. ELLSON
Art Unit	2881
Examiner Name	Jack I. BERMAN
Attorney Docket Number	7610-0042.21

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> No fee due <input checked="" type="checkbox"/> Fee Transmittal <input type="checkbox"/> Fee(s) due <input type="checkbox"/> Fee Transmittal <input type="checkbox"/> Check for \$0 <input checked="" type="checkbox"/> Charge any underpayment or credit any overpayment to Deposit Account No. 18-0580 <input checked="" type="checkbox"/> Return postcard <input checked="" type="checkbox"/> Amendment under 37 CFR §1.111 <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Third Supplemental Information Disclosure Statement & Form(s) PTO-1449 <input checked="" type="checkbox"/> Int'l Search Report and copy of cited reference <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts / Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer (unsigned - no fee) <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s):	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks:		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Name (print/type)	Louis L. Wu	Registration No. (Attorney/Agent)	44,413	Telephone	(650) 330-0900
Signature			Date	September 3, 2003	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on **September 3, 2003**.

Name (print/type)	Margaret K. Surridge	Date	September 3, 2003
Signature		Date	September 3, 2003



EE TRANSMITTAL for FY 2003

Effective 01/01/03 Patent fees are subject to annual revision

Applicant claims small entity status. See 37 CFR 1.27
TOTAL AMOUNT OF PAYMENT \$0

Complete if Known

Application Number	10/087,372
Filing Date	March 1, 2002
First Named Inventor	Richard N. ELLSON
Examiner Name	Jack I. BERMAN
Group Art Unit	2881
Attorney Docket No.	7610-0042.21

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

Deposit Account:

Deposit Account No.	
Deposit Account Name	

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Charge any underpayment or credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid		
Fee Code	Fee Code	Fee Description			
1001	750	Utility filing fee			
1002	330	Design filing fee			
1003	520	Plant filing fee			
1004	750	Reissue filing fee			
1005	160	Provisional filing fee			
SUBTOTAL (1)		\$0			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE					
Total Claims	Extra Claims	Fee from below	Fee Paid		
Independent Claims	70	0	\$0		
Multiple Dependent	4	0	\$0		
		0	\$0		
SUBTOTAL (2)		\$0			
*or number previously paid, if greater. For Reissues, see above					
Other fee (specify)					
*Reduced by Basic Filing Fee Paid					
SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Louis L. Wu	Registration No. (Attorney/Agent)	44,413	Telephone	(650) 330-0900
Signature		Date	September 3, 2003		